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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J62781

1. Corporation Name

EVER-GREEN LAWN CARE, INC.

(6)

FILED Mar 19 1997 8:00am Secretary of State



Procept Purce of Business % HECTOR E. SANCHEZ 3231 60TH ST. SW NAPLES FL 33999		Mailing Address % HECTOR E. SANCHEZ 3231 60TH ST. SW NAPLES FL 34116-7412				3. Date Incorporated or Qualified 3a. Date of Last Report		
						03/16/1987	04/09/1996	
2. Principal Place of Business 21 Suite Act, # etc. 22 City & State.		2a. Mailing Address 26				4. FEI Number 59-2792707		Applied For Not Applicable
		Suile. Apt. #, etc.				5. Certificate of Status Desired		Additional Required
		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
	Country	Zip		Country		8. This corporation has liability for in		rs 199 032,
24	25 9. Name and Address of Cu	29 rrent Registered Agent	30	<u> </u>		Florida Statutes 10. Name and Address of New Reg	Yes No	
SAN	CHEZ, HECTOR E.			81	Name	10, Hame and Addison of New York	natored Agoni.	
	60TH ST SW			82	Street Add	dress (P.O. Box Number is Not Acceptabl	a)	
NAP	LES FL 33999				Sileet Aud	areas (F.O. Box Normoer is Not Acceptable	····	
				83				
				84	City		FL 85 Z	p Coda
11. Pursuant office or a agent to SIGNATURE,	Million Son	within				rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing the appointment $3-73-5$	
/		u ageolisea bre it applicable	(NOTE: Ri	rgistered Age	r i signature regu		DATE	
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12. I-111	OFFICERS	AND DIRECTORS	OCLETE	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	
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4. Loo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under earli; that fam an office for director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block. 12 or Block. 13 if changed, or on an attachment with an address

SIGNATURE

SECTION SAMES SECTION OF SIGNING OFFICER OF DIRECTOR

3-15-77

(941) 353 - 4717